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UTILITY
PATENT APPLICATION
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Attorney Docket No. First Inventor Distraction Instrumen		F-303			
		Ralph;			
		nt for use in Anterior Cervical Fixation Surgery			

•	(Only for new nonprovision	nal applications under 37 CFR 1.53(b))	Expres	s Mail Label No.	ER0	05068870US	ノ
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L	Country]	elephone	<u> </u>	Fa	X	
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		Compl te if Known			
FEE TRANS	DIVITIAL	Application Number			
for FY	2004	Filing Date	12/1/2003		
IOI F 1	200 I	First Named Inventor	Ralph;		
Patent fees are subject to	annual revision.	Examiner Name			
	T	Group Art Unit			
TOTAL AMOUNT OF PAYMENT	(\$) 385.00	Attorney Docket No.	F-303		

METHOD OF PAYMENT	FEE CALCULATION (continued)				
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Applicant claims small entity status.	139 130 139 130 Non-English specification				
See 37 CFR 1.27	147 2,520 147 2,520 For filing a request for ex parte reexamination				
2. Payment Enclosed: Check Credit card Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action				
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	138 1,510 138 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$) 385.00	140 110 240 55 Petition to revive - unavoidable				
2. EXTRA CLAIM FEES Fee from	141 1,240 241 620 Petition to revive - unintentional				
Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)				
Total Claims 15 -20** = X = 0.00	143 440 243 220 Design issue fee				
Independent 2 - 3** = X = 0.00	144 600 244 300 Plant issue fee				
Multiple Dependent	122 130 122 130 Petitions to the Commissioner				
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Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt				
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)				
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))				
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 ***Reissue independent claims	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))				
over original patent 110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)				
and over original patent	169 900 169 900 Request for expedited examination of a design application				
SUBTOTAL (2) (\$) 0.00	- II				
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3)	0.00			

SUBMITTED BY				Complete (if	applicable)
Name (PrintlType)	Timothy J. Bortree	Registration No. (Attorney/Agent)	43,506	Telephone	908-273-6461
Signature	1 1 1			Date	12/1/2003

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<u>s</u>	TATEMENT UN	DER 37 CFR 3.73(b)	
Applicant/Patent Owner: James D.	Ralph; T	homas N. Troxell	
Application No./Patent No.:		Filed/Issue Date:	12/1/2003
Entitled: Distract	tion Instrument for u	se in Anterior Cervical Fixation	Surgery
			rporation
(Name of Assignee)			ship, university, government agency, etc.)
states that it is:			
1. The assignee of the entire righ	t, title, and intere	st; or	
2. an assignee of less than the e The extent (by, percentage) of	ntire right, title ar	nd interest. terest is %	
in the patent application/patent ident			
A. [] An assignment from the inven was recorded in the United St which a copy thereof is attach	ates Patent and		
OR			
B. [x] A chain of title from the inventional assignee as shown below:	or(s), of the pate	nt application/patent iden	tified above, to the current
1. From:Inver	ntors	To: SpineCore	e, LLC
Reel012355, Fr	ame0630	, or for which a co	py thereof is attached.
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The undersigned (whose title is suppl	ied below) is autl	norized to act on behalf o	f the assignee.
12/1/2003		Jo	seph P. Errico,
Date		Typed	or printed name
			Signature
		CEO, Spine	
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